

Purchase Order Receipt Listing

Page 1 of 1

July-27-12 7:34:38 AM

All amounts are calculated in domestic currency.

All Vendors PO ID po17433 Receipt Dates from 7/27/12 to 7/27/12 All Line Item Types

All Item ID/GL/WOs All Rec. Employees All Currencies

Grouped by Vendor ID

[illegible]

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|------------------------------------|--|---|---|-------------------|--|-------------|--------------|---|--|--|------------------------------------|------------------------------------|------------------------------------|--------------------------------------|------------------------------------|------------------------------------|--|----------------------------------|--|------------------------------------|--|--------------------------------|------------------------------------|------------------------------------|-----------------------------------|--|
| Work Order: _____ Part No. _____ NCR No. _____ | | | | DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/> | | AGAINST DEPARTMENT/PROCESS <table style="width:100%; border: none;"> <tr> <td style="width: 25%;">Skid-tube <input type="checkbox"/></td> <td style="width: 25%;">Crosstube <input type="checkbox"/></td> <td style="width: 25%;">Water Jet <input type="checkbox"/></td> <td style="width: 25%;">Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table> | | | | | | Skid-tube <input type="checkbox"/> | Crosstube <input type="checkbox"/> | Water Jet <input type="checkbox"/> | Engineering <input type="checkbox"/> | Machining <input type="checkbox"/> | Small Fab <input type="checkbox"/> | Prod. Eng. Coord. <input type="checkbox"/> | Quality <input type="checkbox"/> | Thermoforming <input type="checkbox"/> | Finishing <input type="checkbox"/> | Rec/Store/Packaging <input type="checkbox"/> | Other <input type="checkbox"/> | Large Fab <input type="checkbox"/> | Composite <input type="checkbox"/> | Supplier <input type="checkbox"/> | |
| Skid-tube <input type="checkbox"/> | Crosstube <input type="checkbox"/> | Water Jet <input type="checkbox"/> | Engineering <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | |
| Machining <input type="checkbox"/> | Small Fab <input type="checkbox"/> | Prod. Eng. Coord. <input type="checkbox"/> | Quality <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | |
| Thermoforming <input type="checkbox"/> | Finishing <input type="checkbox"/> | Rec/Store/Packaging <input type="checkbox"/> | Other <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | |
| Large Fab <input type="checkbox"/> | Composite <input type="checkbox"/> | Supplier <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | |
| Root Cause | Date | Step | Qty | Description of work order update or Non-conformance | Initial Chief Eng | Action Description | Sign & Date | Verification | QC Inspector | | | | | | | | | | | | | | | | | | |
| Doc/Data <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Equip/Tooling <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Operator <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Material <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Setup <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Process <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Supplier <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Training <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Unapproved <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FAULT CATEGORY | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube | | | General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio | | | <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions | | | <input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge _____ _____ _____ | | <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other _____ _____ _____ | | | | | | | | | | | | | | | | |



Dart Aerospace Ltd.
1270 Aberdeen Street
Hawkesbury, ON K6A 1K7
Tel: 613 632 9577
Fax: 613 632 1053

PURCHASE ORDER

Purchase Order ID **PO17433**

Purchase Order Date 7/13/12

PO Print Date 7/27/12

Page Number 1 of 1

Order From :

VC-DIV001

DIVERSIFIED ULBRICH
20 HYMUS BLV
POINTE-CLAIRE, QC H9R 1C9
CA

Contact Name

Vendor Phone

514 694 6522

Vendor Fax

514 694 0266

Vendor Account Nbr

Buyer

Chantal Lavoie

Requisition Nbr

Tax Resale Nbr

10127-2607

Terms

Net 30

Currency

CAD

FOB

Destination-Collect

Ship To :

DART AEROSPACE LTD

1270 ABERDEEN
HAWKESBURY, ON K6A 1K7
CANADA

| Line Nbr | Reference Revision ID Vendor Part Number | Description/ Mfg ID | Req Date/ Taxable | Req Qty/ Unit of Measure | Ship Method | Unit Price | Extended Price |
|----------|--|------------------------|----------------------|-----------------------------|-------------|------------|-------------------|
| 1 | M304EX0.75-16F | Expanded Metal Flat SS | 7/18/12 Yes | 704.00 sf | TST ground | \$5.0400 | \$3,548.16 |

Special Inst: 20 SHEET 4 X 8 = 640

MATERIAL: AISI 304/316 STAINLESS
STEEL EXPANDED METAL
MESH AS PER ASTM A240 ASTM F1267
OR MIL-M-17194D

PO Total:

\$3,548.16

9 sheets

288.54

No substitution or deviation without
consent.
Certificate of Conformity or Material
Certification required - YES NO

Change Nbr: 2

Change Date: 7/27/12

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

| | | | | | | | | | | | |
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| Root Cause | Date | Step | Qty | Description of work order update or Non-conformance | Initial Chief Eng | Action Description | Sign & Date | Verification | QC Inspector | | |
| Doc/Data | | | | | | | | | | | |
| Equip/Tooling | | | | | | | | | | | |
| Operator | | | | | | | | | | | |
| Material | | | | | | | | | | | |
| Setup | | | | | | | | | | | |
| Other | | | | | | | | | | | |
| Process | | | | | | | | | | | |
| Supplier | | | | | | | | | | | |
| Training | | | | | | | | | | | |
| Unapproved | | | | | | | | | | | |

| FAULT CATEGORY | | | | |
|--|---|---|---|--|
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Receiving Report

Date: 12/1/26
 Supplier: ULB Rich

Batch No: M/22534
 Dart P/O: 17433

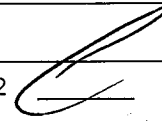
Packing Slip: Yes ☒ No ☐
 Invoice: Yes ☐ No ☒
 Receipt: Cash ☐ Cr ☒

Release Note Attached: Yes ☒ No ☐ N/A ☐
 Waybill Attached: Yes ☒ No ☐
 Shipment Complete: Yes ☒ No ☐ N/A ☐
 QC6 Inspection 12/07/30 OK N/A ☐
 Work Order ☐ N/A ☒

Discrepancies

| Part Number | Description | Quantity Ordered | Quantity Received | Quantity Returned | Quantity Short | Comments |
|-------------|-------------|------------------|-------------------|-------------------|----------------|----------|
| | | | | | | |
| | | | | | | |
| | | | | | | |

Initials of receiver (if shipment OK) Level 12



Production/Admin: _____
 Date _____
 Received/Costing _____
 Initial _____

Location _____



Diversified Ulbrich
20 Hymus Blvd
PTE. Claire, QC H9R 1C9,
Phone: (514)694-6522 Fax : (514)694-0266
Toll Free: (800)361-5950
SHIP TO:

PACKING LIST

Page: 1
REPRINT

I041874

SOLD TO:
00022279

DART AEROSPACE LTD
1270, ABERDEEN STREET
HAWKESBURY, ON K6A 1K7

DART AEROSPACE LTD
1270, ABERDEEN STREET
HAWKESBURY, ON K6A 1K7

SPECIAL INSTRUCTIONS

SHIP TST GROUND GROUND

Contact: CHANTAL LAVOIE

Ship Terms: COLLECT

MTR:Y

| Currency | Sales Person | Customer Phone | Customer Fax | Customer PO |
|------------------|--------------|----------------|---------------|-------------|
| CANADIAN DOLLARS | BOB MESSETT | (613) 632-5200 | 613) 632-4443 | PO17433 |

| Sales Order | Terms | Ship Via | Date Ordered | Date Required | Date Shipped |
|-------------|-------------|----------------|--------------|---------------|--------------|
| W227049 | NET 30 DAYS | COMMON CARRIER | 07/17/12 | 07/18/12 | 07/18/12 |

| Ordered | Back Ordered | Unit | Description | Bundle # | Heat # | Shipped |
|---------|--------------|------|---|----------|--------|--|
| 12 | | PC | SSH T-304 EXP 16F x 3/4" x 48" 201 LB / 11 PC DIAMONDS MUST RUN ALONG THE 8' LENGTH MTR'S WITH SHIPMENT 1 PALETTE CCERT D'ANALYSE | L023215 | A5M7 | 9 11 <i>[Signature]</i> 12/02/30 |

Approx Weight: 201.0 LB 07/18/12 11:25:56

Received by: _____ Date: _____ Signature: _____



NAST ASM 7. PDF

METALLURGICAL TEST REPORT

NORTH AMERICAN STAINLESS
6870 HIGHWAY 42 EAST
GHENT, KY 41045

6870 HIGHWAY 42 EAST

Certificate: 705682 1

Customer: 007040 001

Mail To:

ULBRICH OF CANADA
98 NORFINCH DRIVE
DOWNSVIEW, ON M3N1X1

Ship To:

ULBRICH OF CANADA
98 NORFINCH DRIVE
DOWNSVIEW, ON M3N1X1

Date: 1/25/2012 Page: 1

Steel: 304/304L

Finish: 2B

Your Order: P001562

NAS Order: WN 0028478 01

Corrosion: ASTM A262/02aE/180Bend-OK

PRODUCT DESCRIPTION:

STNLS STL COIL, C.R. ANNEALED & PICKLED; UNS 30400/30403
EN10028-7 & EN10088-2, 1.4301/1.4307
ASTM A240/10, A480/10, A666/10; ASME SA240/10, SA480/10, SA666/10
AMS5511H/5513J XMRK; MIL-S-5059D AMD3(X CRN MEAS); MIL-S-4043B
NACE MR0175/01, MR0103/07; QQS766D-A X MAG PERM
MIN. SOLUTION ANNEAL TEMP 1900F, WATER QUENCHED

REMARKS:

Mat'l is Free of Mercury Contamination. No weld repairs.
EN 10204:2004 3.1; QQS763F Cond A; RoHS Compliant
Material is Free of Radioactive Contamination
NAS Steel Making Process: EAF, AOD, & Cont. Casting
Product Mfg. by a Quality Mgt. Sys. in Conf. w/ISO 9001
*Melted & Manufactured in the USA; Mat'l is DPARS Compliant

2/26/30

| Product Id | Coil # | Skid # | Thickness | Width | Weight | Length | Mark | Pieces | Commodity Code |
|------------|----------|--------|-----------|---------|--------|--------|--------|--------|----------------|
| 02A5M7 AA | 02A5M7 A | | .0575 | 48.0000 | 3,900 | SHEETS | 096.00 | 50 | |

CHEMICAL ANALYSIS CM(Country of Melt) ES(Spain) US(United States) ZA(South Africa) JP(Japan)

| HEAT | CM | C | CR | CU | MN | MO | N | NI | P | S |
|-------|----|-------|---------|-------|--------|-------|-------|--------|-------|-------|
| ASM7 | US | .0290 | 18.4045 | .4310 | 1.7660 | .3190 | .0558 | 8.0505 | .0310 | .0013 |
| SI | | | | | | | | | | |
| .2495 | | | | | | | | | | |

MECHANICAL PROPERTIES

| Product Id# | Coil # | 1 d o i c r | UTS KSI | .2% YS KSI | 1% YS KSI | ELONG %-2" | Hard RB | Tail Hard |
|-------------|----------|-------------------|------------|---------------|--------------|---------------|------------|--------------|
| 02A5M7 AA | 02A5M7 A | F T | 94.29 | 48.27 | 54.84 | 45.45 | 86.50 | 84.50 |

NAS hereby certifies that the analysis on this certification is correct and the material meets the specifications stated.

Technical Dept. Mgr.

ERIC HESS

1/25/2012



Dart Aerospace Ltd.
1270 Aberdeen Street
Hawkesbury, ON K6A 1K7
Tel: 613 632 9577
Fax: 613 632 1053

PURCHASE ORDER

Purchase Order ID PO17433

Purchase Order Date 7/13/12
PO Print Date 7/13/12

Page Number 1 of 1

Order From :

VC-DIV001

DIVERSIFIED ULBRICH
20 HYMUS BLV
POINTE-CLAIRE, QC H9R 1C9
CA

Contact Name
Vendor Phone 514 694 6522
Vendor Fax 514 694 0266
Vendor Account Nbr

Buyer Chantal Lavoie
Requisition Nbr
Tax Resale Nbr 10127-2607
Terms Net 30
Currency CAD
FOB Destination-Collect

Ship To : DART AEROSPACE LTD 1270 ABERDEEN
HAWKESBURY, ON K6A 1K7
CANADA

FAKED
6/12/12

| Line Nbr | Reference Revision ID Vendor Part Number | Description/ Mfg ID | Req Date/ Taxable | Req Qty/ Unit of Measure | Ship Method | Unit Price | Extended Price |
|----------|--|------------------------|----------------------|-----------------------------|--------------|------------|-------------------|
| 1 | M304EX0.75-16F ✓ | Expanded Metal Flat SS | 7/18/12 Yes | 640.00 sf | TST ground ✓ | \$5.0400 | \$3,225.60 |

Special Inst: 20 SHEET 4 X 8 = 640

MATERIAL: AISI 304/316 STAINLESS
STEEL EXPANDED METAL
MESH AS PER ASTM A240 ASTM F1267
OR MIL-M-17194D

PO Total: \$3,225.60

MATERIAL CERTIFICATION
REQ'D UPON DELIVERY

No substitution or deviation without
consent.
Certificate of Conformity or Material
Certification required **YES** NO

Change Nbr: 1

Change Date: 7/13/12

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

| | | | | | | | | | | | |
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| Root Cause | Date | Step | Qty | Description of work order update or Non-conformance | Initial Chief Eng | Action Description | Sign & Date | Verification | QC Inspector | | |
| Doc/Data | | | | | | | | | | | |
| Equip/Tooling | | | | | | | | | | | |
| Operator | | | | | | | | | | | |
| Material | | | | | | | | | | | |
| Setup | | | | | | | | | | | |
| Other | | | | | | | | | | | |
| Process | | | | | | | | | | | |
| Supplier | | | | | | | | | | | |
| Training | | | | | | | | | | | |
| Unapproved | | | | | | | | | | | |

| FAULT CATEGORY | | | | |
|---|---|---|--|---|
| Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube | General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio | <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions | <input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge | <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other |



RECEIVED JUL 20 2012
 Diversified Ulbrich
 20 Hymus Blvd
 PTE. Claire, QC H9R 1C9,
 Phone: (514)694-6522 Fax : (514)694-0266
 Toll Free: (800)361-5950

INVOICE

Pg 1 of 1 I041874

SOLD TO 00022279

DART AEROSPACE LTD
 1270, ABERDEEN STREET
 HAWKESBURY, ON K6A 1K7

Contact: CHANTAL LAVOIE

SHIP TO:
 DART AEROSPACE LTD
 1270, ABERDEEN STREET
 HAWKESBURY, ON K6A 1K7

MTR: Y

| | |
|-----------------|----------|
| INVOICE DATE: | 07/19/12 |
| ORDER DATE: | 07/17/12 |
| SHIP DATE: | 07/19/12 |
| ORDER NUMBER: | W227049 |
| PURCHASE ORDER: | PO17433 |

| Currency | | Sales Person | | Ship Via | | F.O.B. | | Terms | |
|------------------|--------------|--------------|------|---------------------------------------|--|---------|--|-------------|----------|
| CANADIAN DOLLARS | | BOB MESSETT | | COMMON CARRIER | | COLLECT | | NET 30 DAYS | |
| Ln | Back Ordered | Ordered | Unit | Description | | Shipped | | Price Per | Value |
| | | 20 | | | | | | | |
| | | 12 | PC | SSH T-304 EXP 16F x 3/4" x 48" | | 11 PC | | 161.28 | 1,774.08 |
| | | | | L023215 11 PC/201 LB | | | | | |
| | | | | DIAMONDS MUST RUN ALONG THE 8' LENGTH | | | | | |
| | | | | MTR'S WITH SHIPMENT | | | | | |
| | | | | 1 PALETTE CCERT D'ANALYSE | | | | | |

Phone: (613) 632-5200
 Fax: (613) 632-4443

Total Weight: 201 LB

07/19/12 15:38:42

| | |
|---------------|----------|
| Merchandise: | 1,774.08 |
| Surcharges: | |
| No Tax Costs: | |
| HST | 230.63 |
| Total Due: | 2,004.71 |

Title to the goods sent out on this invoice remains with Diversified Ulbrich until such time as this invoice has been paid in full. Unless otherwise noted terms are 30 days. Interest accrues on all overdue accounts at the rate of 1.5% per month compounded monthly.

G.S.T. # 88911 2199 RT
 Q.S.T. # 1019976536 TQ 001

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

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QA Closed: _____ Date: _____

| | | | | | | | | | | | | | | | | | | |
|--|---|---|--------------------------------------|------------------------------------|------------------------------------|--------------------------------------|------------------------------------|------------------------------------|--|----------------------------------|--|------------------------------------|--|--------------------------------|------------------------------------|------------------------------------|-----------------------------------|--|
| Work Order: _____ Part No. _____ NCR No. _____ | DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/> | AGAINST DEPARTMENT/PROCESS <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table> | Skid-tube <input type="checkbox"/> | Crosstube <input type="checkbox"/> | Water Jet <input type="checkbox"/> | Engineering <input type="checkbox"/> | Machining <input type="checkbox"/> | Small Fab <input type="checkbox"/> | Prod. Eng. Coord. <input type="checkbox"/> | Quality <input type="checkbox"/> | Thermoforming <input type="checkbox"/> | Finishing <input type="checkbox"/> | Rec/Store/Packaging <input type="checkbox"/> | Other <input type="checkbox"/> | Large Fab <input type="checkbox"/> | Composite <input type="checkbox"/> | Supplier <input type="checkbox"/> | |
| Skid-tube <input type="checkbox"/> | Crosstube <input type="checkbox"/> | Water Jet <input type="checkbox"/> | Engineering <input type="checkbox"/> | | | | | | | | | | | | | | | |
| Machining <input type="checkbox"/> | Small Fab <input type="checkbox"/> | Prod. Eng. Coord. <input type="checkbox"/> | Quality <input type="checkbox"/> | | | | | | | | | | | | | | | |
| Thermoforming <input type="checkbox"/> | Finishing <input type="checkbox"/> | Rec/Store/Packaging <input type="checkbox"/> | Other <input type="checkbox"/> | | | | | | | | | | | | | | | |
| Large Fab <input type="checkbox"/> | Composite <input type="checkbox"/> | Supplier <input type="checkbox"/> | | | | | | | | | | | | | | | | |

| Root Cause | Date | Step | Qty | Description of work order update or Non-conformance | Initial Chief Eng | Action Description | Sign & Date | Verification | QC Inspector |
|--|------|------|-----|---|-------------------|--------------------|-------------|--------------|--------------|
| Doc/Data <input type="checkbox"/> | | | | | | | | | |
| Equip/Tooling <input type="checkbox"/> | | | | | | | | | |
| Operator <input type="checkbox"/> | | | | | | | | | |
| Material <input type="checkbox"/> | | | | | | | | | |
| Setup <input type="checkbox"/> | | | | | | | | | |
| Other <input type="checkbox"/> | | | | | | | | | |
| Process <input type="checkbox"/> | | | | | | | | | |
| Supplier <input type="checkbox"/> | | | | | | | | | |
| Training <input type="checkbox"/> | | | | | | | | | |
| Unapproved <input type="checkbox"/> | | | | | | | | | |

FAULT CATEGORY

| | | |
|--|---|--|
| Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube | General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio | <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other |
|--|---|--|

TST Overland Express
Express LINKP.O. Box 3030, Station A, Mississauga, Ontario L5A 3S3
G.S.T.# 144612488
Overland Western International Inc.(OVEA)
3091 Rockefeller Avenue, Cleveland, Ohio 44115-3611Carrier Code
Code du Transp.**2153**

750-2520299 3

Division of TST Solutions L.P.
Une division de TST Solutions L.P.
DUNS No. 242148401 (OVLD)

P/U Trailer - Unite Cueil

L/H Trailer - Unite Route

W227055

NS

7

25

12

Manifest From - Manifest de

To - A

Bill of Lading No. - N° Connaissement

Purchase Order No. - N° de Commande

Consignee - Consignataire

Shipper - Expéditeur

Origin

Dest.

C.D.

DART AEROSPACE LTD

DIVERSIFIED ULBRICH

MTL

MTL

3

1270 ABERDEEN STREET

26 A HYMUS BLVD

.00

HAWKESBURY, ON K6A 1K7

POINTE CLAIRE, PQ H9R 1C9

Declared Value - Valeur déclarée

Type - Genre %Trib. - %Trib. Page

STD

0 01

Bill To - Facturer à

Origin Carrier - Premier Transporteur

O/C Pro No. - N° Facture P/T

M

D - J

Beyond Carrier - Transporteur subs.

S.R.

Amount - Montant

Pieces - Coils H.M.

Description

Weight - Poids

Rate - Taux

Charges - Frais

1

SKD NO DESCRIPTION

162

1

PCS ENVELOPPE

COLLECT

FUEL SURCHARGE

COLLECT

Printed on 07/26/2012 @ 06:03

** COLLECT **

2

Total Pieces
Coils total

GST# 144612488

Total Weight
Poids total

162

Total Charges
Frais totaux

COLLECT

E & OE

Print Last Name

A TransForce Company

Connecting Carrier Please - Protect this Amount

S/W INTACT

☐ YES ☐ NO

Au transporteur suivant - Frais à protéger

Any loss or damage must be noted on pro bill at time of delivery,
otherwise consignee's signature will constitute clear receipt.Toutes pertes ou dommages doivent être notés sur le connais-
sement au moment de la livraison, autrement la signature du
consignataire constituera un reçu linal.

C.O.D.

Total

P.S.L.

Cash or Certified Cheque Only - Driver Collect This Amount

Chèque visé ou argent comptant seulement - à percevoir par le chauffeur

X

Received in Apparent Good Order - Reçu sans Avaire Apparente

Date

Time In

Time Out

Unit - Unité

Driver - Chauffeur

Terms: Net 7 Days, Overdue Balance Subject to Interest Charges
Conditions: 7 Jours, compte en Souffrance Sujet à Intérêts

Signature Copy - Copie de Signature

OEO-0981 04/06